



# ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

## Livestock Facility Inspection Checklist

### GENERAL INFORMATION

TYPE OF INSPECTION:

☒ CAFO ☐ COMPLAINT ☐ RECONNAISSANCE ☐ ERU FOLLOW UP ☐ OPERATOR REQUEST ☒ OTHER

FACILITY NAME (LLC, Inc., Corp, Partnership, sole proprietorship, etc.)

**Forrest Farms #2 - Sunny Meadow**

INSPECTION DATE

**Jan. 29, 2013**

ARRIVAL TIME

**~10:30 AM**

ADDRESS

**N. 100 N. Road**

LATITUDE (Decimal)

**N 40.632**

LONGITUDE (Decimal)

**W -88.276**

DEPARTURE TIME

**~10:40 AM**

CITY

**Strawn**

STATE

**IL**

ZIP CODE

**61775**

INSPECTOR(S)

**E. Ackerman & S. Loftus**

ACCOMPANIED BY (if applicable)

**Matti Shalev**

COUNTY

**Livingston**

SECTION

**15**

TOWNSHIP

**T25N**

RANGE

**R8E**

POLITICAL TOWNSHIP

**Germanville**

TEMPERATURE

**~50 F**

PRECIPITATION TYPE

**Wet Weather**

Facility Owner(s):

Exemption 6 and Exemption 7(C)

NAME

**Matti Shalev-Forrest Farms, Inc.**

CONTACTED

☒ YES ☐ NO

PHONE

Exemption 6 and Exemption 7(C)

MOBILE

ADDRESS

CITY

STATE

ZIP CODE

**Exemption 6 and Exemption 7(C)**

NAME

CONTACTED

☐ YES ☐ NO

PHONE

MOBILE

ADDRESS

CITY

STATE

ZIP CODE

Facility Operator(s):

Exemption 6 and Exemption 7(C)

NAME

CONTACTED

☐ YES ☐ NO

PHONE

MOBILE

ADDRESS

CITY

STATE

ZIP CODE

NAME

CONTACTED

☐ YES ☐ NO

PHONE

MOBILE

ADDRESS

CITY

STATE

ZIP CODE

### NPDES PERMIT INFORMATION (If no NPDES Permit, skip this section)

1. What type of NPDES permit has been issued?

☐ Individual NPDES Permit

☐ General NPDES Permit

NPDES #

2. What date was the NPDES permit issued?

3. What date does the NPDES permit expire?

4. Is a copy of the NPDES permit onsite?

☐ YES

☐ NO

5. Permitted number of animals (no. & specie)?

6. Does the NPDES Permit contain a compliance schedule?

☐ YES

☐ NO

7. Have there been any changes made to the production area since the permit was issued?

☐ YES

☐ NO

If "YES", provide a detailed description of those changes.

**None**

*Handwritten signature/initials*

**LAND APPLICATION/NUTRIENT MANAGEMENT**

1. How many TOTAL acres are available for land application? _____ acres		
2. How many acres are READILY available for land application at the time of inspection? _____ acres		
3. Estimated annual quantities of liquid waste _____ gallons		
4. Estimated annual quantities of solid waste _____ tons		
5. Does the facility have a contractor perform land application? If "YES", Name of Contractor: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. What type of land application equipment is available to the facility? <input type="checkbox"/> Umbilical Injection <input type="checkbox"/> Honeywagon Injection <input type="checkbox"/> Honeywagon Surface <input type="checkbox"/> Irrigation <input type="checkbox"/> Rotational Gun <input type="checkbox"/> Manure Spreader <input type="checkbox"/> Vegetative Filter <input type="checkbox"/> Other _____		
7. Does the facility calibrate the land application equipment? If "YES", What method is used?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Does the facility land apply within the 150 foot setback from any water well? If "YES", Explain	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Does the facility land apply within the 200 foot setback from any surface water? If "YES", Explain	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Does the facility land apply near any residences? If "YES", Explain	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Is livestock waste transferred off-site to another party? If "YES", Are records of manure transfers kept? If "YES", Ask to see records	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
12. Does the facility have a current NMP or CNMP? If "YES", Does the facility maintain a copy of the nutrient management plan (NMP) onsite?	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
13. Does the NMP reflect the current operational characteristics (number of animals, cropping, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Are the number of acres owned/leased consistent with those in the NMP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Is manure and wastewater being applied in accordance with setback/buffer requirements of the NMP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Are all of the records identified in the NMP being maintained and kept current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Are records being maintained at the required frequency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Are records being maintained onsite for the period required by NMP and/or NPDES permit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. Is the NMP adequately addressing the storage, handling and application of manure and wastewater to prevent discharges to waters of the U.S.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**LIVESTOCK FACILITY DESCRIPTION**

Type of Animals	Number of Animals (currently)	Animal Capacity	Type of Confinement	Number of Structures
TURKEY ~3,500 Per Building		14,000	TOTAL CONFINEMENT BDG	

Does the facility have an Illinois Certified Livestock Manager (300 or greater animal units)? ☐ N/A ☐ YES ☐ NO

If greater than 1000 animal units but less than 5000 animal units, does the facility have a waste management plan? ☐ N/A ☐ YES ☐ NO

If greater than 5000 animal units, has the facility submitted a waste management plan to IDOA for review? ☐ N/A ☐ YES ☐ NO

Does the facility have any other locations under common ownership, or where equipment and/or manure is shared, or where the other site shares land application sites? If so, put names and addresses below. ☐ YES ☐ NO

**LIVESTOCK WASTE STORAGE**

- Does the facility have any existing livestock waste containment system? ☐ YES ☐ NO  
If NO, then proceed to question 10.
- General description of the waste containment system (include solid and liquid manure handling, mortality, and feed storage areas).

Type of Storage	Total Storage Capacity (Specify Units)
<input type="checkbox"/> Anaerobic Lagoon	
<input type="checkbox"/> Covered Lagoon	
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Above Ground Storage Tank ("Slurrystore")	
<input type="checkbox"/> Below Ground Storage Tank	
<input type="checkbox"/> Settling Basin	
<input type="checkbox"/> Roofed Storage Shed	
<input type="checkbox"/> Concrete Pad	
<input type="checkbox"/> Impervious Soil Pad	
<input type="checkbox"/> Underfloor Pits	
<input type="checkbox"/> Anaerobic Digester	
<input type="checkbox"/> Manure Stacks	
<input type="checkbox"/> Vegetative Filter	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> None	

3. Do the storage structures have depth markers or staff gauges? ☐ YES ☐ NO

4. Are levels of manure in the storage structures recorded and records kept? ☐ YES ☐ NO

5. Do the storage structures have adequate freeboard? ☐ YES ☐ NO

6. Estimated final stage storage structure freeboard \_\_\_\_\_ in. of total depth \_\_\_\_\_ in.

7. Do facility personnel perform routine visual inspections of the storage structures? ☐ YES ☐ NO

8. Are the routine visual inspections documented? ☐ YES ☐ NO

9. Does the system have an outfall or discharge point? ☐ YES ☐ NO

If "YES", please provide a description (overflow pipe, spill way, etc. Include a description the area receiving the discharge).

10. Are there any portions of the production area where runoff is not controlled? ☐ YES ☐ NO

If "YES", provide a detailed description of the area(s) of concern:

**Better storm water controls should be implemented and sustained until the storm water permit is properly closed.**

#### **MORTALITIES MANAGEMENT**

1. How are mortalities managed? (Composted, buried, burned, rendering service, other)

2. Are mortalities documented and are records kept? ☐ YES ☐ NO

**FACILITY WATER SOURCES**

1. What type of method is used to provide drinking water for the animals?  
☐ Overflow waters   ☐ Tip Tanks   ☐ Nipple waters   ☐ Water Bowls   ☐ Other \_\_\_\_\_
2. How is the water for animals obtained?  
☐ Community PWS   ☐ On-Site Well   ☐ On-Site Impoundment   ☐ Other \_\_\_\_\_
3. Is a mist cooling system used? ☐ YES   ☐ NO  
How is mist water contained?

**DAIRY OPERATION (If No Dairy, skip this section)**

1. How many times per day are cows milked? \_\_\_\_\_
2. Describe how the dairy's non-contact cooling water is contained (Example: it is reused for drinking water for the animals).  
**None**
3. Describe how the milking parlor is cleaned (hose or flush) and where the process wastewater goes and how it is contained.  
**None**
4. Describe how the tank(s) are washed and where the process wastewater goes and how it is contained.  
**None**
5. Describe where process wastewater from the plate cooler goes and how it is contained.  
**None**

**BEDDING (If No Bedding, skip this section)**

1. Describe what type of bedding is used for the animals.
2. Describe how bedding is collected and how often.
3. What is done with the used bedding? ☐ Reused   ☐ Land Applied

**MANURE COLLECTION**

1. How is manure collected?

- ☐ Under Floor Pit  
☐ Scraped: ☐ Automatic ☐ Manual  
☐ Flush  
☐ Solids Separator  
☐ Other: \_\_\_\_\_  
☐ None

2. If manure collection system uses either clean or reused water to flush, describe where this water goes and how it is contained.

**FEED STORAGE CONTAINMENT**

1. Describe how feed (silage, hay, etc) is contained.

- ☐ Bulk Bins  
☐ Silage Pit  
☐ Ag Bags  
☐ Hay: ☐ Barn ☐ Outdoor  
☐ Other: \_\_\_\_\_

2. Describe how feed (silage, hay, etc) runoff is contained.

- ☐ Not Applicable – Feed totally enclosed  
☐ Other: \_\_\_\_\_  
☐ None

**RECEIVING SURFACE WATERS**

1. Provide a description of the flow path from the facility to the nearest named surface water.

**Unnamed tributary to Big Four Ditch.**

2. What is the name of the receiving stream?

**Unnamed tributary**3. Status of the named surface water: ☒ Intermittent ☐ Perennial4. Are any unnatural bottom deposits observed in the receiving stream: ☐ YES ☐ NOIf "YES", provide a description of the deposits: **Stream was not observed.**

**DISCHARGES**

1. Have there been any documented discharges of livestock waste to surface water <i>in the past year</i> ? If "NO" proceed to question 2.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a. If "YES", specify the date(s). _____		
b. What was the reason for the discharge?		
c. Was the discharge the result of a 25 year-24 hour rainfall event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. What was the precipitation amount? (if applicable)		
e. Was IEMA notified of the discharge?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Has the facility taken corrective action to remedy the situation which caused the discharge(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", describe actions taken: <b>None</b>		
2. Is the facility currently discharging livestock waste from the production area? If "NO" proceed to next section.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a. Was the discharge the result of a 25 year-24 hour rainfall event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. What was the precipitation amount? (if applicable)		
c. What is the reason for the discharge?		
d. Were water quality samples taken?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. If "YES", how many? _____		
f. What parameter(s) tested? <input type="checkbox"/> pH <input type="checkbox"/> Ammonia <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> Phosphorus <input type="checkbox"/> BOD <sub>5</sub> <input type="checkbox"/> Total Susp Solids <input type="checkbox"/> Fecal <input type="checkbox"/> Diss O <sub>2</sub> <input type="checkbox"/> Other _____		

**BIOSECURITY – Inspection Activities**

1. Were biosecurity measures discussed with the facility prior to inspection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has there been 24-hours downtime between inspections for all IEPA personnel present?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3. Was the order of inspection conducted from high risk to low risk?	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Did all personnel stay outside livestock management and livestock waste handling facilities as defined in 35 IAC 501.285 and 35 IAC 501.300? If "YES" skip to question 7.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**BIOSECURITY – Personal Protection Equipment**

5. Was sanitary footwear donned prior to entering the livestock management/waste handling facility(s)?	<input type="checkbox"/> N/A Did not Enter	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Were disposable coveralls donned prior to entering the livestock management/waste handling facility(s)?	<input type="checkbox"/> N/A Did not Enter	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Was sanitary footwear used during the inspection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
8. Was disposable sanitary outerwear disposed at the facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**BIOSECURITY – Vehicle**

9. Was the vehicle parking location discussed with the facility prior to inspection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Was the vehicle washed since the inspection prior to current? If "YES" skip question 11.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
11. Was the vehicle parked >300-feet from the livestock management/waste handling facility? Explain where vehicle was parked:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Was IEPA vehicle used on site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Was facility vehicle used on site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**BIOSECURITY – Inspection Equipment**

14. Was all equipment wiped down with anti-bacterial wipes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Was sample cooler kept inside vehicle during inspection? If "YES" skip question 16.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
16. Was sample cooler wiped down with antibacterial wipes before placing back into vehicle?	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO

**OTHER COMMENTS/NOTES**

**During this site visit the ability to inspect the facility was denied. Compliance with the CAFO rules and regulations could not be determined. Mr. Shalev requested 2-3 day notice prior to an inspection. Future biosecurity measures specific to this facility were discussed. Storm water concerns were observed.**

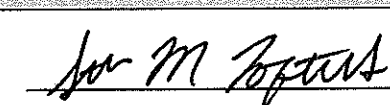
**The vehicle used to conduct this inspection had been washed. More than 24-hour downtime between same species animals was observed. No other livestock facilities were visited before attempting to conduct an inspection at this facility. There were no entry or informational signs at the facility and no contact information was posted.**

**There were no poultry reported on site. Mr. Shalev reported that the start-up date for this facility is the following day. At that time turkeys will reportedly be brought to the site. Each of the buildings was reported as having capacity for 3,500 turkeys with the site having a total capacity of 14,000 turkeys. Mr. Shalev stated that he owns six turkey farms near Strawn, IL.**

**This facility appeared to be a construction site. There were no storm water controls observed at the site. This site is under a storm water permit: ILR100410. The construction site was approximately 9 Acres. A large pile of soil was observed near the entrance to the facility with no silt fences protecting the soil from being discharged through storm water, see Photograph #1. In Photograph #2-3 the new total confinement buildings are shown. The storm water drains to the south.**

**A full inspection will need to be conducted in the future. Better storm water controls should be implemented and sustained until the storm water permit is properly closed.**

Check all attachments: ☐ Narrative ☒ Photos ☒ Site Plan ☐ Sample Results

**INSPECTOR'S SIGNATURE****REPORT DATE**


January 29, 2013

Cc: BOW/DWPC/RU

**Photographs, and Business Card**Attachments: **Fig 1-2,**

Revised March 2012



Forrest Farms, Inc.

GERMANVILLE

T 25 N - R 8 E

# Exemption 6 and Exemption 7(C)



Forrest Farms, Inc.

Forrest Farms, Inc.  
(Sunny Meadow Site)

Figure 1. Location Map of Forrest Farms, Inc. in Germanville Township near Strawn in Livingston County on January 29, 2013.




Figure 2. Plan View From Google Earth of Estimated Location of Sunny Meadow near

Strawn in Livingston County on January 29, 2013.




**IEPA - DIVISION OF WATER POLLUTION CONTROL  
DIGITAL PHOTO REPORT**

<b>Date: 1-29-2013</b>	<b>Site Name: Sunny Meadow</b>
<b>Photo By:</b> Star M. Loftus	
<b>County:</b> Livingston County	
<b>Comments:</b> Soil being stored from construction activities, no storm water controls observed.	
<b>Photo #:</b> 1	
<b>Photo Title:</b> 130129_SM_SML_001.jpg	

<b>Date: 1-29-2013</b>	<b>Site Name: Sunny Meadow</b>
<b>Photo By:</b> Star M. Loftus	
<b>County:</b> Livingston County	
<b>Comments:</b> Area between two newly constructed total confinement buildings. This area drains to the south. View is south.	
<b>Photo #:</b> 2	
<b>Photo Title:</b> 130129_SM_SML_002.jpg	



**IEPA - DIVISION OF WATER POLLUTION CONTROL**  
**DIGITAL PHOTO REPORT**

<b>Date:</b> 1-29-2013	<b>Site Name:</b> Sunny Meadow
<b>Photo By:</b> Star M. Loftus	
<b>County:</b> Livingston County	
<b>Comments:</b> Another area between two newly constructed total confinement buildings. This area drains to the south. View is south.	
<b>Photo #:</b> 3	
<b>Photo Title:</b> 130129_SM_SML_003.jpg	



Forrest Farms, Inc.

Exemption 6 and Exemption 7(C)

Strawn, Illinois 61775

Exemption 6 and Exemption 7(C)

*Matti Shalev*